**Template letter from LMC responding to Private Healthcare requests for Bariatric Care follow up**

BMA advice regarding private healthcare requests can be found here:

<https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/general-practice-responsibility-in-responding-to-private-healthcare>

Unfortunately, there is no useful local guidance.

This issue has been raised in the past by the LMC with GPC Wales at national meetings and also locally with Mr Beamish (SBUHB's Clinical Lead). The discussions are ongoing, and a national solution is required. The LMC have recently approached SBUHB regarding this problem and highlighted the unhelpful response from the bariatric surgery department in that if they took this on they do not have the capacity. I did get the impression that they felt there should be a solution and we will push again for them to increase resources for this growing issue.

It is the view of GPC Wales and the LMC that post-bariatric surgery is not considered a general medical service. The primary responsibility that GPs have is to ensure that patients receive the appropriate follow-up that a GP decides is indicated. This includes referral to secondary care even where a specific service has not been commissioned by the Health Board. We note that you are having referrals rejected and whilst there is no other alternative patients will unfortunately have to continue within private healthcare until the secondary care infrastructure is resolved. Obviously, this is very difficult with the issue of private providers abroad.

The LMC believes that an MDT approach is required and completely agree specialist input is required. The patient can and should be referred to NHS services even if the surgery was undertaken privately whether in the UK or abroad.

Post-operative tests are required to ensure adequate nutrition is maintained.  These tests are part of the patient’s follow-up which the surgical provider should provide, however, for pragmatic reasons practices can perform the phlebotomy and send the results to the surgical provider.

If the patient chooses to have surgery privately, the practice’s responsibility is the same, as patients have the right to move between private and NHS at any time.  It remains the responsibility of the private provider to advise the patient and practice of management of any abnormalities found.  If the private provider is outside the UK the practice can seek Advice and Guidance from local gastroenterologists/bariatric surgery or dietician. Patients need to be aware that follow up is part of the procedure for 2 years following surgery and should have been organised by their private provider.

If a patient did undergo surgery privately in the UK you can consider writing to the service provider stating that you consider it is their responsibility to undertake any specialist follow up which should be included in the contract that they have agreed with the patient.

The LMC are aware that BOMSS provide specific guidance for GPs but the LMC feel that this level of monitoring should only be considered GPs with a special interest who are able to take on the legal risk. As GPs we are driven to try and do the best for our patients but in this instance the LMC would suggest that the practice reconsider the benefit of partially accepting the monitoring and therefore the legal responsibility.

GPC Wales, and the LMC will continue to raise the requirement for the establishment and commissioning of an appropriate service.

The bottom line is if you do not feel you have the experience to manage post operative bloods then you should refer into the bariatric service. If you have referred it will not be your responsibility if SBUHB do not have a service, but if you take on the bloods the responsibility will be yours to manage appropriately.

There is BMA guidance which I enclose.

Also NICE quality standard QS 127 says

**NICE Quality Standard QS127 says**

People who have had bariatric surgery have a postoperative follow-up care package within the bariatric surgery service for a minimum of 2 years.

**Follow-up care package**

This should be for a minimum of 2 years and include:

* monitoring nutritional intake (including protein and vitamins) and mineral deficiencies
* monitoring for comorbidities
* medication review
* dietary and nutritional assessment, advice and support
* physical activity advice and support
* psychological support tailored to the individual
* information about professionally-led or peer-support groups.

[[NICE's guideline on obesity: identification, assessment and management](https://www.nice.org.uk/guidance/cg189), recommendation 1.12.1]

For the first 2 years after surgery, follow-up appointments are likely to be with a dietitian or a bariatric physician. It is assumed that in the first year the person has 3 follow-up appointments, with annual follow-up thereafter. After the first 2 years, follow-up appointments are likely to be with either a dietitian or a GP within a locally agreed shared-care protocol.

[[NICE's full guideline on obesity: identification, assessment and management](https://www.nice.org.uk/guidance/cg189/evidence), section 8.1.3.2]

Writing to the HB and also Llais would help increase the pressure on the HB.

A recent Welsh Health Circular has been released which states that secondary care should be excepting patients onto waiting list and not referring back to the GP. The LMC are therefore advising GPs to refer into secondary care if your patient requires assistance with post bariatric care in the first two years.

Included below a link to the WHC relating to post private Bariatric Surgery follow-up:

<https://www.gov.wales/sites/default/files/pdf-versions/2024/2/4/1706806067/private-obesity-surgery-and-welsh-nhs-whc2024005.pdf>

It states that if a post-op bariatric patient cannot, or chooses not to access private sector follow up, the GP may refer into secondary care, for specialist level 3/4 post-operative follow-up as per NICE guidance. Patients should be accepted onto waiting lists according to clinical priorities identified by the referrer and receiving health board. In line with NICE guidance, and once identified as clinically fit for discharge, the patient will be discharged in accordance with the local pathways (WHC/2024/005).